



State Council on Developmental Disabilities - **AREA BOARD 2**

## BOARD MEMBER APPLICATION

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Do you have access to the Internet? ☐ Yes ☐ No

Do you have access to email? ☐ Yes ☐ No

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Are you a: (Please check all that apply)

- ☐ Person with a developmental disability
- ☐ Parent, family member, or legal guardian of a person with a developmental disability
- ☐ Representative of the general public

How did your interest in or knowledge of the developmental disability world/service system develop? (Can include personal, professional, or general interest/knowledge):

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Membership in associations, professional organizations, service clubs, or social clubs:

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Offices held on other associations, boards, service clubs, or social clubs:

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Areas of interest in the developmental disabilities field and board activities:

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Are you currently employed by an organization providing service(s) to persons with developmental disabilities?

☐ YES

☐ NO

If yes please explain:

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Are you a member of a governing board or any organization providing service(s) to persons with developmental disabilities?

☐ YES

☐ NO

If yes please explain:

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Why do you want to serve as a board member of the State Council on Developmental Disabilities/Area Board 2, and why do you believe you are qualified to serve? (Please attach any additional pages or resume as applicable)

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I am willing to serve as a board member and have included why I wish to be on the Area Board 2. I have also provided my qualifications:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return completed forms to: Sarah M. May, Executive Director  
Area Board 2**

**1367 E. Lassen Avenue, Suite B3**

**Chico, CA 95973**

**530-895-4027 (office) 530/899-1562 (fax)**

**[AB2@scdd.ca.gov](mailto:AB2@scdd.ca.gov)**